

## Electronic Patent Application Fee Transmittal

|   |  |                 |               |                             |
|---|--|-----------------|---------------|-----------------------------|
| <b>Application Number:</b>                  | 10697906   |                 |               |                             |
| <b>Filing Date:</b>                         | 29-Oct-2003  |                 |               |                             |
| <b>Title of Invention:</b>                  | Apparatus and method for endoscopic cardiac mapping and lead placement |                 |               |                             |
| <b>First Named Inventor/Applicant Name:</b> | Albert K. Chin   |                 |               |                             |
| <b>Filer:</b>                               | Albert C. Smith/Cheri Powers   |                 |               |                             |
| <b>Attorney Docket Number:</b>              | 26448-07961  |                 |               |                             |
| Filed as Large Entity                       |  |                 |               |                             |
| <b>Utility      Filing Fees</b>             |  |                 |               |                             |
| <b>Description</b>                          | <b>Fee Code</b>  | <b>Quantity</b> | <b>Amount</b> | <b>Sub-Total in USD(\$)</b> |
| <b>Basic Filing:</b>                        |  |                 |               |                             |
| <b>Pages:</b>                               |  |                 |               |                             |
| <b>Claims:</b>                              |  |                 |               |                             |
| <b>Miscellaneous-Filing:</b>                |  |                 |               |                             |
| <b>Petition:</b>                            |  |                 |               |                             |
| <b>Patent-Appeals-and-Interference:</b>     |  |                 |               |                             |
| Post-Allowance-and-Post-Issuance:           |  |                 |               |                             |
| <b>Extension-of-Time:</b>                   |  |                 |               |                             |

| Description                       | Fee Code | Quantity | Amount | Sub-Total in USD(\$) |
|-----------------------------------|----------|----------|--------|----------------------|
| Miscellaneous:                    |          |          |        |                      |
| Request for continued examination | 1801     | 1        | 810    | 810                  |
| Total in USD (\$)                 |          |          |        | 810                  |